

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10580050

Filing Date

Applicant(s) **Qui-Lim Choo**

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11	1					
12		1				
13	1					
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
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31		1				
32		1				
33		1				
34		1				
35	1					
36		1				
37	1					
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45	1					
46	1					
47	1					
48	1					
49	1					
50		1				
Total Indep.	20		0		0	
Total Depend.	76	↙	0	↙	0	↙
Total Claims	96		0		0	

	Indep	Depend	Indep	Depend	Indep	Depend
51		1				
52		1				
53		1				
54		1				
55		1				
56		1				
57	1					
58		1				
59		1				
60		1				
61		1				
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95		1				
96		1				
97						
98						
99						
100						